

## Foster Family Home - Corrective Action Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-6

124 West Kinai Place

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 8/16/2017

End Date: 8/17/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for three clients.

*Carol Copeland RN MSN*

Compliance Manager

*Imelda Pacris*

Primary Care Giver

*8/16/17*

Date

*8/16/17*

Date